

# PEP NEWS

JUNE 2022

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## JUNE MEETING

Wednesday, June 1, 2022 – 2:15 p.m.

**W**e welcome **Carolyn Lookabill, Community Liaison at McGregor Assisted Living**, who will present "How to Begin the Caregiving Journey - The First 10 Steps". This is intended to help caregivers in this area to learn more about available resources and develop a plan.

Cleveland Heights Recreation Center / One Monticello Blvd., Cleveland Heights, OH 44118

(Last names N through Z please bring **\*individually wrapped snacks**)

\*Policy of Rec Center prohibits serving food "buffet style"; everything must be individually packaged. Thanks so much!

Unfortunately, Amy Rodgers Smith, Chair of the Center for Music Therapy at The Music Settlement who was slated to be our June speaker had to cancel and will be rescheduled at a later date

## From David Brandt

### Upcoming Events

**June 11 - Moving Day Cleveland 2022** – This annual event put on by the Parkinson's Foundation Great Lakes Chapter will be from 11 a.m. – 1 p.m. at Brookside Reservation/Cleveland Metro Parks (right next to the zoo). This is the same place it was last year, in the parking lot, but there is a paved circular track right beside the lot that we will be using for the actual walk this year. The website is now live and people can sign up their teams! [www.movingdaycleveland.org](http://www.movingdaycleveland.org). They will also be offering the participants a discounted zoo admittance voucher just like last year.

**June 16 – Living In Motion.** InMotion, 23905 Mercantile Rd., Beachwood. Hours: 1-4 p.m. Put on by InMotion and OPFNE, this is a day of education and exploration for those affected by PD. Experience our evidence-based exercise classes designed for those with PD, meet professionals in social work, physical and occupational therapy, nutrition & more. Hear Dr. Cynthia Comella, Professor of Neurological Sciences at Rush University Medical Center in Chicago speak on "New Advances in Parkinson's."

**August 27 – Empower U** This annual event is put on by the Cleveland Clinic and is expected to be in person this year. To be held at the LaCentre Conference and Banquet Facility, 25777 Detroit Rd., Westlake OH. More details to follow.

## July Meeting—July 6, 2022

We welcome back **Steven Gunzler, MD**, Parkinson's and Movement Disorders Center Neurological Institute at University Hospitals Cleveland Medical Center and Case Western Reserve University School of Medicine. Dr. Gunzler will provide an Update on Research and Treatments in Parkinson's Disease".

## Tai Chi Improves Motor Function in Early-stage Parkinson's: Study

(Excerpt from <https://parkinsonsnewstoday.com>)

**P**racticing tai chi for a year improved gait and balance in early-stage Parkinson's disease patients, improving both inflammation and metabolism as well as brain function, according to a recent study. The study, "Mechanisms of motor symptom improvement by long-term Tai Chi training in PD patients," was published in Translational Neurodegeneration.

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**Tai Chi** — Tai chi combines continuous and gentle body movements with breathing control to improve muscle strength, balance, and motor control. Clinical evidence has suggested that practicing it for six months can reduce motor symptoms and improve quality of life for those with Parkinson's disease.

Mr. Motivator Marking World Parkinson's Day With Fitness Class — However, due to the progressive nature of Parkinson's, it's not known if there are any long-term therapeutic benefits to practicing it.

A team led by researchers in China conducted a clinical trial to assess the long-term effects — over one year — of tai chi training on Parkinson's motor symptoms. The trial was done as part of a philanthropic project called "Tai Chi Adjuvant Therapy for Parkinson's Disease," jointly launched by Fosun Foundation, Sino Taiji and the Neurology Department of Ruijin Hospital.

The project has provided free courses for 445 patients with Parkinson's disease and will continue to carry out charitable tai chi courses for Parkinson's patients across China.

In total, 95 patients with early-stage Parkinson's were randomly assigned to one of three groups — a tai chi group (32 patients, mean age 62.7 years), a brisk walking group (31 patients, mean age 61.9 years) and a non-exercise group that served as a control (32 patients, mean age 61.9 years).

Motor symptoms were evaluated at the trial's start (baseline), and then again at six and 12 months using the Berg Balance Scale (BBS), the Unified Parkinson's disease rating scale (UPDRS), the Time Up and Go test (TUG) and spatial 3D gait (walking) analysis.

The TUG test evaluates the time taken to stand up from an armchair, walk three meters, turn, walk back, and sit down.

The six-month and 12-month follow ups were completed by 66 patients. The results showed that, compared to the control group, patients in the tai chi group showed significant improvements in balance at six and 12 months of follow-up. It also was better than brisk walking at improving balance.

Compared to controls, those who practiced tai chi showed significantly greater improvements in UPDRS scores after one year and in the TUG test at both follow-ups.

Significant improvements in step width were also observed at both follow-ups in those who practiced tai chi, compared to controls.

### **Parkinson's Disease Question Corner**

**Email:** [barbaramarquardt@outlook.com](mailto:barbaramarquardt@outlook.com)

**Question:** I am looking for a summer reading book to help with fatigue, any ideas?

**Answer:** Author, Ari Whitten recently published a book, "Eat for Energy: How to Beat Fatigue, Supercharge Your Mitochondria, and Unlock All-Day Energy." His book can be purchased on [www.amazon.com](http://www.amazon.com)

The tai chi group also showed greater improvements in step width, when compared to brisk walking. Improved balance was correlated with enhanced visual network function and lower levels of interleukin-1-beta, a pro-inflammatory molecule. Improvements in motor scores were associated with enhanced default mode network function, a group of regions in the brain that are preferentially active "at rest" or not engaged in a specific mental task.

Along with lower levels of several inflammatory molecules, tai chi also led to a drop in different metabolites, including L-arginine, known for its role in oxidative stress. Metabolites are intermediate or end products, such as amino acids, organic acids, sugars, or lipids, that take part in or are produced as part of cellular metabolism.

Oxidative stress, which is marked by the imbalance between producing and clearing toxic reactive species that are harmful to cells, is thought to play a key role in neurodegenerative diseases like Parkinson's. Overall, tai chi altered the levels of several metabolites that were found to be related to changes in UPDRS scores.

It also resulted in increased levels of HIP2, an enzyme that's been linked to neurodegeneration, which showed a tendency to be reduced in the control group. A previous study has found that lower levels of this enzyme cause motor function impairment in models of Parkinson's disease.

The findings suggest that "long-term Tai Chi training improves motor function, especially gait and balance, in PD patients," the researchers wrote. "Enhanced brain network function, reduced inflammation, improved amino acid metabolism, energy metabolism and neurotransmitter metabolism, as well as decreased vulnerability to dopaminergic degeneration may be mechanisms underlying the effects of Tai Chi training."

A separate study led by the same research team suggests tai chi training can delay the progression into Alzheimer's disease in people with mild cognitive impairment, a known disease risk factor.

# Medical Marijuana and PD

(Excerpt from Michael J. Fox Foundation)

THIRD OF A 3-PART SERIES

## ***Why is cannabis research difficult?***

Several factors limit the ability to perform research and interpret results: + Regulations may deter investigators and participants. The federal government classifies marijuana as Schedule I, which includes drugs that have no current acceptable medical use and a high potential for abuse. The Michael J. Fox Foundation has long advocated for a reclassification of marijuana, which could make it easier to conduct research. In some cases, funding restrictions also may impede research. + Studies often have limitations. Size, design, and lack of standardized formulations or dosing make it difficult to compare studies and draw conclusions. Many studies include small numbers of participants, so it's unlikely the group represents the broad Parkinson's population or that results apply to the majority. Few studies include a placebo group, which makes it difficult to determine how much benefit may truly be from cannabis and how much might be placebo effect. And studies that include questionnaires rely on individual report, which may involve bias or inaccuracies. Different studies also use different formulations with different amounts of THC and CBD. This makes it challenging to understand what might be doing what, why one trial fails and another shows positive results, and what type of cannabis may work best for an individual or for a specific symptom.

## ***How can I talk to my doctor about cannabis?***

If you are considering or taking cannabis, let your doctor know. They may be able to help you weigh the pros and cons, and they'll have a complete picture of all your treatments, prescription or otherwise, in case there is a change in symptoms or possible drug interaction. They also can direct you to ongoing research studies, if of interest. If you are thinking about cannabis, you may want to ask your doctor:

## ***What symptoms it may help***

Be clear about what symptoms you hope to treat — anxiety, sleep, pain or others. In general, cannabis seems more useful for non-motor than motor symptoms, but experiences vary.

## ***Potential benefits and side effects***

Consider your medications and symptoms. Might cannabis lower blood pressure and counteract the medication you take to raise blood pressure? Or could it worsen your symptoms, such as thinking changes or imbalance?

## ***Their recommendation***

Some physicians are willing to incorporate cannabis into your treatment regimen; others are less comfortable. Be aware that, unfortunately, many doctors may not know details about the many available products or be able to recommend a specific product or dosing. If you wish to try medical marijuana, ask if they can help with the process or if they can refer you to someone who can. Try to be open, honest and willing to hear what your doctor says. Tell them you are looking at all treatment options and want to learn if and how cannabis might help. And if you are considering or taking specific products, share which. You may want to bring printed information or a picture of the label.

## ***How can I access cannabis?***

As of March 2022, 37 states and the District of Columbia allow the use of medical cannabis. The authorized medical conditions, formulations, and patient and physician requirements are different in each state. Note that even if Parkinson's is a condition for authorized use, there may be additional requirements, such as also having another diagnosed condition. These may include severe pain, nausea or malnutrition, for example. Under federal law, doctors cannot prescribe cannabis. But qualified doctors who have completed additional training and registration can issue "certifications" that permit patients to get a license for medical cannabis. Many doctors choose not to pursue qualification and therefore are not able to issue certifications. You can ask your doctor for a referral to a qualified physician or, if available, search an online database of providers in your state. With a license, you can visit a dispensary, which sells cannabis products. Licenses typically don't specify dosing or product information, so you work with the dispensary for recommendations on what may work for you. This often is a trial-and-error process. As the same product may vary significantly from location to location, it's best to stick with one dispensary. In states that have legalized recreational cannabis, you

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## PEP NEWS

Parkinson Education Program  
of Greater Cleveland  
2785 Edgehill Rd.  
Cleveland Heights, OH 44106

### Address Service Requested

We try to keep our roster current. If you no longer wish to receive this bulletin or would like to receive it via email instead, notify Katherine.A.Kaminski@gmail.com or call 216-513-8990.

### Medical Marijuana and PD (cont'd from page 3)

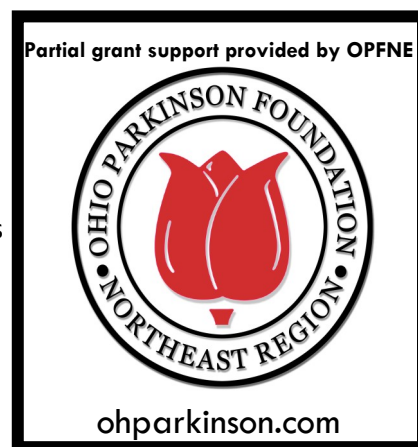
don't need a license for purchase. However, having a license may decrease costs and provide access to dispensaries that may be more familiar with your condition.

#### What else should I know?

Many doctors and researchers believe the marketing and hype of cannabis products is ahead of the science and evidence. Maintain a dose of healthy skepticism when considering medical marijuana. Many have watched videos of people with PD using marijuana and seeing all their symptoms disappear within seconds. There also are many internet stories about marijuana as an "all-natural" cure for Parkinson's (as well as cancer and other conditions). In general, when social media provides a level of endorsement significantly out of proportion to what you hear from your doctor, it is probably too good to be true.

#### What research is ongoing?

Researchers continue to work on defining safety for cannabis in Parkinson's. And several studies are looking at possible benefits on specific symptoms. For the most up-to-date clinical trial information, visit Fox Trial Finder at [foxtrialfinder.org](http://foxtrialfinder.org).



### TRIBUTES

Brenda Ashburn

In Memory of Deacon Jim Duffy  
Mary Ann Duffy

We need your donations to continue bringing you the PEP News and for other expenses. A special thanks to those who contribute at the monthly meetings. To send a donation, please make your checks payable to Parkinson Education Program and mail to 2785 Edgehill Rd., Cleveland Heights, OH 44106

**TO REACH US AT PEP 440-742-0153**  
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